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## **DECLARATION Supplemental Sheet**

THAT BAR

For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor

Enter Deceased or Incapacitated Inventor's Name M. Albert Capate

Name of Legal Representative:  A petition has been filed for this non-signing legal representative						
Given Name (first and middle (if any))		Family Name or Sumame				
Janet Sue		Fo X				
Legal Representative's Signature	~		Date 9/18/08			
Residence: City Carls bad State		CAC	untry USA Citizenship USA		USA	
Mailing Address 4362 Pt. Reyes Court						
Mailing Address						
city Carlsbad		State CA	Zip 92010	Country	USA	
Name of Additional Legal Representative, if any:						
Given Name (first and middle (if any))	Family Name or Surname					
		(				
Legal Representative's Signature	Date					
Residence: City Sta		te	Country Citizenship		Citizenship	
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Given Name (first and middle (if any))	Family Name or Sumame					
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